

Cultural and Social Attitudes Towards Mental Illness in Ho Chi Minh City, Vietnam

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The mentally ill receive a mixed response across all cultures. In the developing world, they are subjected to severe stigma and mistreatment, but in some cases are helped by community support structures. This paradigm is especially the case of Vietnam. Two months of research in Ho Chi Minh City, conducted through interviews and surveys, found that the Vietnamese are divided when it comes to caring for the mentally ill. Traditional beliefs that attribute psychiatric disorder to moral transgression and misconstrue the dangerousness of patients evoke shame and fear of the mentally ill. Such beliefs inhibit the pursuit of psychiatric treatment. At the same time, families and communities are devoted to nurturing the sick and shun abandonment. Societal attitudes also profoundly affect mental health care. Vietnamese values and beliefs influence care-seeking behavior, treatment outcomes, and even determine the way psychiatry is practiced. The following research illustrates the social and cultural factors that contribute to modern day views of mental illness in the urban south of Vietnam and the impact of such views on the lives of psychiatrists and families of the mentally ill.

Introduction

Throughout Vietnamese history, those afflicted with mental disorders have been misunderstood and mistreated. Current societal beliefs about mental illness not only affect the origins and maintenance of disturbed behavior, but have implications for prevention, early intervention, and community treatment as well [1]. A better understanding of detrimental attitudes and potentially helpful outlooks is necessary to improving the lives of mentally ill people within Vietnamese culture.

A Note on Terminology

Before delving into the Vietnamese view of mental illness, it is necessary to examine the terminology associated with psychiatric disorder. Words often

hold cultural connotations that cannot be precisely replicated or are lost in translation. In the U.S., mental illness refers to a number of behavioral and psychological disorders that produce a range of mild to severe dysfunction. Mental illness, or *benh tam than*, as it is referred to in Vietnam, is a term approximately equivalent with madness, or severe psychiatric disorder. The severity of a disorder is defined by its potential to negatively affect those around the sufferer, rather than aspects such as curability or potential for self-harm. Psychiatrists are referred to as *bac si tam than*, which literally translated means “doctors who treat madness.” *Benh tam than* carries the stereotyped connotation of wild, unpredictable, and dangerous persons. *Bac si tam than* implies the ridiculousness of those obligated to care for them. *Dien* and *khung* are the colloquial terms approximately

equivalent to “crazy” or “nuts.” In everyday situations they may be used to joke or tease, but when implemented in a serious tone, they evoke fear and apprehensiveness. Each of these words not only reflects Vietnamese biases, but also shapes the way they think about mental illness.

Vietnamese Beliefs System

The blending of many different beliefs, values and traditions has molded Vietnamese thought with regards to mental illness. Two concepts are fundamental to the Vietnamese perception of mental illness. These are *nghiep chung*: suffering and karma, which are rooted in Buddhism. In a country where much of the population lives under the poverty line of \$90 per year and the national average income is \$300



Tattered buildings and dusty streets face the Mental Health Center in Ho Chi Minh City where I conducted many of my interviews.

per year [2], suffering is everywhere. The Vietnamese explain each individual's misfortune by linking it to misdeeds committed in a previous life [3]. A person afflicted with mental illness is inheriting punishment for his own previous sins or for the sins of his entire family [4], while simultaneously penalizing the family with his dysfunctional behavior. Another supposed cause of insanity is possession by angry ancestral spirits. Families avoid offending their ancestors for fear of the consequences [5].

The importance of family cannot be understated in Vietnamese relationships. The family is regarded as the fundamental unit of respect and cohesion. Households usually consist of three to four generations underneath a single roof, providing mutual support and caring for one another. Thus the good of the family takes precedence over individual welfare. In this context, a mentally ill person's outlandish behavior and the moral implications of his affliction are regarded as marks of shame for his family, extended family, and ancestors. While families have the option of bringing mentally ill patients to psychiatric hospitals out of an obligation to care for them, sick members are commonly hidden or confined within the household for as long as they can be tolerated in order to prevent familial disgrace [6]. Feelings of guilt, shame, and weakness inhibit the Vietnamese from admitting mental health problems and delay treatment [7]. Individuals, for their part, avoid openness with personal difficulties, and will forgo the cost

of personal mental health in their desire to preserve peace and harmony within their relationships.

Causes of Mental Disorder

Beliefs regarding the causes of mental disorders hover between the natural and the supernatural. They vary according to an individual's level of education and socioeconomic class. In less educated areas of the countryside, there exists a number of supernatural explanations for mental illness, including spirit possession, black magic, or astrological misalignment [8]. Among the educated class surveyed in Ho Chi Minh City, however, most attributed mental illness to natural causes. It is believed that mental stresses or emotional strain due to events such as trauma (*soc*), lovesickness (*tin h tu*), or simply thinking too much, produces weak nerves that make one susceptible to a psychotic disorder. It is a common belief that high school and college students can fall ill from studying too much. Even in the hospitals, psychiatrists are issued shorter working hours than other doctors, lest the strain of being around mentally ill patients for too long cause the doctors to "go crazy" as well. Organic causes of mental illness include heredity and head injuries. In recent years, however, the Vietnamese government has attempted to expel the notion that psychiatric disorders are passed on by inheritance, which otherwise severely reduces marriage prospects for the entire family [9].

Traditional Medicine

Traditional medicine plays an enormous role in the Vietnamese medical system and is often the preferred method of treatment for a variety of illnesses. Families who believe in supernatural causes of illness will seek the assistance of fortunetellers (*thay boi*), bonzes (*thay phap*), and witchdoctors (*thay phu tuy*). Traditional healing is more revered among the masses than psychiatry because of its long history of integration into Vietnamese culture. There are over 10,000 traditional healers in Vietnam, compared to merely 600 psychiatrists [10]. Traditional healers are also more economically amenable to their patients [11]. The cost of treatment from a bonze is lower than the cost of psychiatric drugs and overnight stays. The high number of traditional healers also makes them more likely to be locally accessible, eliminating the cost of transportation to a large mental health facility. Finally, there is no stigma attached with going to a traditional healer who treats all diseases as there is with going to a doctor who only treats mental illness. Psychiatry is commonly seen as a last resort.

History of Psychiatry

The origins of Western psychiatric treatments influence how they are viewed today. An explanation of the history of psychiatry in Vietnam will further uncover why it is still considered a last resort. In the early 20th century, while Vietnam was still a French colony, the French introduced psychiatry as a means for confining insane persons and political dissidents to institutional care. In 1919, they established the first psychiatric hospital in the southern province as Bien Hoa, later recognized by locals as the "Crazy House at Bien Hoa." In 1936, another hospital was established at Bach Mai, near the northern city of Hanoi. At a time when clinical psychiatry was underdeveloped, these institutions were designated as prisons more than treatment centers [12]. They were regarded as the final destination for those whose behavior could no longer be tolerated or controlled by folk remedies [13].

The slow transition towards clinical psychiatry began during the 1950s. In 1957, psychiatry and neurology



Patients in the Bien Hoa Mental Institute still occupy some of the older buildings, formerly used as prisons. With the transition to modern psychiatry, patients are no longer confined behind bolts and locks.

entered the medical school curriculum in Hanoi. In the south, however, psychiatry was not taught until 1977 [14]. The advent of psychiatry coincided with emerging socialist ideals, which depicted mental illness as a national burden preventing individuals from participating in socioeconomic development and productivity [15]. During this period, hospitals began switching from being custodial wards to being treatment centers.

While mental health care underwent this transition, public attitudes remained unchanged. Beliefs that had held sway for hundreds of years continued to stigmatize those who sought help for mental health problems, and doctors associated with the disease were also looked down upon. It was in this hostile environment that the first psychiatrists began their practice. Since that time, many efforts have been made to reform the old system that dealt with patients inhumanely. Doctors, however, continue to struggle with mixed views towards their position.

Becoming a Psychiatrist

Already viewed as an undesirable choice for patients, psychiatry is also seen as the final option for medical students. “When I was a medical student, the last thing I wanted to be was a psychiatrist” [16], confided one doctor. During the 1960s and 70s, the socialist government assigned new doctors to their positions based on academic ranking. The worst students were assigned to the least desirable professions, with

psychiatry at the bottom of the list. Today, medical students are allowed to choose their profession. Nevertheless, entrance into psychiatry is still accompanied by trepidation and more motivated by economic necessity than actual attraction. New doctors who are not immediately accepted into a specialty must work without pay until a position opens up. If they cannot afford to do so, the other option is to apply for a position at the mental hospital, where there is always an opening. Psychiatrists are the butt of jokes among their fellow doctors and medical students. A bit of absentmindedness or a bad hair day might produce snickering comments that the doctors are beginning to resemble their patients [17]. Ridicule and pity replace the honor and respect psychiatrists had formerly anticipated from their medical education.

As in the case with mental illness, the dishonor of being a psychiatrist extends to their families as well. In addition to the mockery inflicted by their colleagues, psychiatrists are pitied by family members and shunned by relatives. One psychiatrist admitted, “My relatives have no idea about my career. I tell them that I am a doctor, but not what kind. They don’t know that I’m actually a psychiatrist” [18].

In spite of the social drawbacks, however, many psychiatrists find satisfaction with their work over time. When asked what he likes about being a psychiatrist, one doctor responded, “After treating patients for a long time, I feel like a member of their family. I understand and share their hardships.

This is the most enjoyable aspect about being a psychiatrist” [19].

Practice of Psychiatry

Cultural ideas about mental illness as madness have molded the Vietnamese medicine’s approach to psychiatric treatment. Severe symptoms found in psychotic disorders such as schizophrenia and bipolar disorder are culturally characterized as *benh tam than*. It is not surprising that psychiatry has adopted similar attitudes. The most commonly diagnosed illnesses in mental hospitals are schizophrenia, bipolar disorder, epilepsy, depression, and anxiety disorder. The first three bear the greatest semblance to madness in terms of behavioral dysfunction. The last two are less socially disruptive and therefore seen less frequently.

Social deterrents against the pursuit of psychiatric treatment results in patients coming in later in the course of their illness, when the family can no longer handle them. Psychotic disorders at the later stages are then more difficult to treat, further diminishing public trust of psychiatric methods [20].

Pharmaceutical drugs are the most prevalent form of treatment. Anti-psy-



The shining finish on this treatment room in a newly renovated building at Bien Hoa Mental Institute demonstrates the drastic change that has taken place in the practice of psychiatry.



Parents watch over and care for their mentally ill sons in the men's ward of the Mental Health Center in Ho Chi Minh City.

chotic drugs have proven to be psychiatrists' one source of mastery over mental illness. These drugs have helped to win greater respect for the psychiatric profession by reducing the widespread misconception that mental illness is untreatable. Many drugs currently used in Vietnam are cheap, outdated and carry more side effects than the newer, more expensive ones. For impoverished families who have been supporting a dysfunctional member for years, however, cheap drugs are the only option. Psychotherapy, on the other hand, remains underdeveloped and underused because of its inexact nature and high cost.

Filial piety

Despite the challenges faced by families who must care for mentally ill persons, those who pursue treatment persevere with intense loyalty. Due to the scarcity of staffing, family takes the

place of psychologists, nurses and social workers in the patient's rehabilitation process.

It is interesting to note that poor rural families are the least likely to forsake kin who are afflicted with a disorder [21]. Families' refusal to abandon even troublesome members is based on the Confucian notion of filial piety, which considers it better to bear the stigma of mental illness while nobly attending to one's responsibilities, than to be shunned for the careless refusal of familial obligation. Families are thus present at every stage of a person's disorder, even if they don't pursue psychiatric treatment.

Finally, love is part of the equation. A mother's love and faithfulness towards her mentally ill daughter is apparent in the following quote, defiant of cultural stigma: "Our family is not shy in telling others about [our daughter's] illness. I do not care about hiding it; I tell my neighbors straight. I explain to them that many people have one ill-

ness or another, and [my daughter] just happens to have this one... Sometimes the way [other people] look at her makes me feel so hurt inside. I love her so much and hate it when people look at her differently, call her crazy, and try to avoid her. They do not know that she is a good girl when she is not sick" [22].

Conclusion

Vietnamese attitudes towards mental illness are multifaceted and complex. Social responses to mental illness depend on a variety of factors, including the type of disorder and its impact on social function, as well as cultural concepts and presuppositions about the illness. Concepts of mental illness are in turn influenced by values, religion, and the social context in which they are found [23]. Stigma is apparently interwoven with mental illness in Vietnam, not just for patients, but for their families and doctors as well. Suppressed emotions, family burden, social discrimination, and inaccessibility of mental health resources are only some of the outcomes of this stigma [24].

Nevertheless, there is hope for the mentally ill in Vietnam. The perceived danger and moral reprehensibility of mentally ill individuals that precipitate the fear and avoidance associated with such individuals can be combated through increased education and contact [25]. Recent government media campaigns in Ho Chi Minh City to increase awareness of the symptoms, treatment and nature of mental illness may prove to dissipate such long-held debilitating beliefs. Meanwhile, families will continue to support sick members by any means available to them, awaiting a time when their perseverance will be recognized.

Notes

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9. Personal communication with Narquis Barak, Ph.D student, 10/23/02
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13. Higginbotham, H., *Third World challenge to psychiatry : culture accomodation and mental health care*. 1984, Honolulu: Published for the East-West Center by the University of Hawaii Press.
14. Quang-Dang, 2002
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21. Psychiatrist interview, 7/18/02
22. Family member interview, 7/25/02
23. Ng, 1997
24. Ng, 1997
25. Corrigan, 2002